



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1430

DATE: October 3, 2014

TO: Iowa Medicaid Home and Community Based Services (HCBS) Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: 2014 Provider Quality Management Self-Assessment

The HCBS Provider Quality Management Self-Assessment process was developed as one way for the state to gather data to support the quality framework performance measures as required by the Centers for Medicare and Medicaid Services (CMS). The provider self-assessment process mirrors a CMS review process by requiring waiver providers to develop a quality improvement system of monitoring their own performance and then “showing” the state how it provides quality oversight.

The first step in the provider self-assessment process is to identify a core set of policies and procedures for all waiver providers based on the services they provide. The policies and procedures are the foundation of a provider’s performance and guide the provider in the provision of waiver services. The state has identified a minimal set of policies and procedures based on the CMS assurances, Iowa Administrative Code (IAC) requirements, laws found in the Iowa Code, federal regulations, and best practices identified through previous quality oversight activities of HCBS providers. The provider self-assessment requires a provider to identify the applicable policies and procedures that have been established by the agency upon enrollment to ensure compliance with laws, rules, regulations, and best practice. A provider may also identify any of the standards in the self-assessment that are not applicable to the provider’s daily operations. The focus of the *2014 Provider Quality Management Self-Assessment* and subsequent review activities is to assist providers in regulatory compliance and quality improvement.

Once the core policies and procedures have been established through the self-assessment, the HCBS Quality Oversight staff utilizes four methods of discovery to verify the implementation of a provider’s quality performance activities: 1) annual self-assessment; 2) targeted review; 3) focused review; and, 4) periodic review. These reviews may be completed via a desk or onsite process.

This system of provider oversight is required for all enrolled Medicaid providers who provide the following Home and Community Based Services:

- AIDS/HIV Waiver: agency Consumer Directed Attendant Care (CDAC), respite, adult day care, counseling;
- Brain Injury Waiver: behavior programming, agency CDAC, respite, supported community living (SCL), supported employment, prevocational, Interim Medical Monitoring and Treatment (IMMT), adult day care, family counseling and training;

- Children's Mental Health Waiver: family and community support services, in-home family therapy, respite;
- Elderly Waiver: agency CDAC (including Assisted Living providers), respite, adult day care, case management (including those that are Chapter 24-accredited), mental health outreach;
- Intellectual Disability Waiver: agency CDAC, respite, SCL, supported employment, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living (RBSCL);
- Health and Disability Waiver: respite, agency CDAC, IMMT, adult day care, counseling;
- Physical Disability Waiver: agency CDAC; and,
- Habilitation Services: day habilitation, home-based habilitation, prevocational habilitation, supported employment habilitation.

New in 2014:

Additions to the *2014 Provider Quality Management Self-Assessment* were made in response to the CMS Final Rule regarding HCBS service settings. Iowa was required to submit a transition plan to CMS with changes to HCBS quality assurance activities, including the self-assessment. Additions were made regarding Person-Centered Service Plans in response to rules implemented in March of 2014 in the Code of Federal Regulations (CFR).

Section D. IV regarding the Quality Improvement Plan (QIP) has also been amended to reflect current IAC requirements as well as best practices in QIP development and implementation.

Training:

Regional on-site trainings will be conducted by HCBS Quality Oversight Specialists to further outline the *2014 Provider Quality Management Self-Assessment* and expectations for completion. Trainings will be conducted in the following communities:

Date of Training	Location	Time
10/7/2014	Coralville Public Library 1401 5th Street Coralville, IA	10:00am-11:30am
10/8/2014	Waterloo Public Library 415 Commercial Street Waterloo, IA	10:45am-12:15pm
10/9/2014	Ladd Library 3750 Williams Blvd., SW Cedar Rapids, IA	1:00pm-2:30pm
10/14/2014	Eastern Avenue Branch Library 6000 Eastern Avenue Davenport, IA	10:30am-12:00pm
10/15/2014	Urbandale Public Library 3520 86th Street Urbandale, IA	1:30pm-3:00pm

10/15/2014	Ottumwa Public Library 102 West 4th Street Ottumwa, IA	1:45pm-3:15pm
10/16/2014	Council Bluffs Public Library 400 Willow Avenue Council Bluffs, IA	10:30am-12:00pm
10/17/2014	Fort Dodge Public Library 424 Central Avenue Fort Dodge, IA	10:30am-12:00pm
10/17/2014	Fayette Community Library 104 W. State Street Fayette, IA	1:30pm-3:00pm
10/21/2014	Prairie Lakes AEA – Storm Lake 824 Flindt Dr., Suite 105 Storm Lake, IA	10:00am-11:30pm

Register Online for the Training Session of your Choice

Please register online for a training session by going to the [DHS website](#)¹ and clicking on the link, “Register for a training session”. Following the on-site trainings, the website will be updated with the training materials and a Frequently Asked Questions (FAQ) document.

Instructions for Completing the Self-Assessment Form

The *Provider Quality Management Self-Assessment Form* can be found online on the [DHS website](#)². All sections of the self-assessment must be completed in their entirety. Please read the instructions carefully.

The completed self-assessment must be received by the IME no later than December 1, 2014. Failure to submit the required 2014 Quality Management Self-Assessment by December 1, 2014, will jeopardize your agency’s Medicaid enrollment.

The HCBS Quality Oversight staff will confirm receipt of the materials. If an agency or HCBS Specialist identifies corrective action is required, it is the agency’s responsibility to develop the corrective action plan. Technical assistance may be requested from the HCBS Specialist assigned to the agency.

Questions regarding this letter or completion of the self-assessment document should be directed to the HCBS Specialist assigned to the county where the parent agency is located. To locate a list of the regional specialists by county, visit [HCBS Waiver Provider Contacts](#)³.

¹ <https://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment/PQMSA-training>

² <http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>

³ <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts>